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CONFIRMATION NO. 8699

<b>SERIAL NUMBER</b> 10/814,964	<b>FILING OR 371(c) DATE</b> 03/31/2004 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 2857	<b>ATTORNEY DOCKET NO.</b> 286532.126US2
<b>APPLICANTS</b> David Ohsie, Baltimore, MD; Salvatore DeSimone, Woodbury, CT; Nelson Ferreira, New Rochelle, NY; Eyal Yardeni, Ardsley, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/459,072 03/31/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/08/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 21
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 24227				
<b>TITLE</b> METHOD AND APPARATUS FOR SYSTEM MANAGEMENT USING CODEBOOK CORRELATION WITH SYMPTOM EXCLUSION				
<b>FILING FEE RECEIVED</b> 845	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	